

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 6, 2006**


**FILED**

**06 MAY -1 PM 1:21**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # A00000000940**

1. Entity Name  
NES HOLDINGS, LTD.



|  |  |
|--|--|
| Principal Place of Business<br>1132 VALENCIA<br>CORAL GABLES, FL 33134 | Mailing Address<br>C/O K&O<br>1101 BRICKELL AVE., SUITE 800 N<br>MIAMI, FL 33131 |
|--|--|



05032006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-1014867                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

SCHNEIDERMAN, ELLIE  
1132 VALENCIA  
CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION                     |   |
|---|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P98000032944<br>SOUTHERN ARTS MANAGEMENT CORPORATION<br>1132 VALENCIA<br>CORAL GABLES, FL 33134 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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05/22/06--01033--006 \*\*500.00

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Ellie Schneiderman* Date: 5-2-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #